For Elisa test, there are 67 surveillance centres attached to Microbiology Departments of Medical Colleges/Institutions in different parts of the country. In addition, there are 66 blood testing centres located Elisa tst is being done. ThuS facilities for testing for HTV infection are available at 108 Centres in the country.

The facility for confirmatory Western BkH, test is available at the following Centres:—

(i) National Institute of Communicable Diseases, Delhi.

(ii) All India Institute of Medical Sciences, New Delhi.

(iii) National Institute of Virology, Pune.

(iv) Institute of Immuno Haomatology, Bombay.

(v) Christian Medical College Vellore (Tamil Nadu).

(vi) Madras Medical College, Madras.

(vii) National Institute of Cholera and Enterir Diseases, Calcutta.

(viii) Srhool of Tropical Medicine, Calcutta.

(d) There is at present no cure for AIDS Therefore, the question of tests required to declare infected persons as cured, does not arise.

Compulsory Sterilisation

1913. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration for compulsory sterilisation after second living child; and

(b) if so, whether the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI STDDHARTHA): (a) and (b) There is no proposal at present under consideration of Government for compulsory sterlisation after second living child.

Research activities of CCRUM

1914. MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the details of research activities in the field of clinical research, drug Research, literary research and survey and cultivation of medicinal plants carried out by CCRUM during the last three years, year wise and during the current year so far;

(b) the addresses of Central Research Institute of Unani Medicine, Hyderabad, Regional Research Institute of Unani Medicine, Drug Standardisation Research Units, Literary Research Institute, New Delhi, Central Herb Garden and Museum, Lucknow, Chemical Research Unit Aligarh; and

(c) the steps being 'aken to boost the other activities of CCRUM?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI STDDHARTHA): (a) to (c) Information is being collected and will be laid on the Table of the House.

Representation of SC/ST and Minorities in the Selection Boards

1915. MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government of India's instructions of August, 1990 for inclusion of representatives of Scheduled Castes/Scheduled Tribes and Minorities in the selection Committees/Boards have been implemented by his Ministry;

(b) if so, what are the details of such bodies and organisations under his Ministry where the instructions have been implemented;

(c) what are the names of bodies which have not implemented the instructions and the reasons therefor; and

(d) what steps are being taken by Gpvernment/institutions in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI SIDDHARTHA): (a) to (d) Information is being collected and will be placed on the Table of the House.

Jammu and Kashmir Medical Candidates in AU India Competitions

1916. SHRI SHABBIR AHMAD SALARIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that MCI does not at present allow candidates from Jammu and Kashmir to compete for PHD/ MD/MS examinations in All India Competitions held by it;

(b) whether it is also a fact that the Governor of the State has already forwarded a report for allowing Jammu and Kashmir candidates to compete in the same; and

(c) whether Government propose to take an early decision for allowing Jammu and Kashmir candidates to compete with others and to earmark seats for them?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI SIDDHARTHA), (a) The Medical Council of India is not conducting any All India Competition for entrance to MD/ MS Courses to the Medical Colleges in India. All India PG Entrance Examination are conducted by the All India Institute of Medical Sciences, New Delhi. The State of Jammu and Kashmir and Andhra Pradesh had themselves opted out of this scheme and hence not included in it.

(b) and (c) The Government of Jammu and Kashmir has now expressed its wil-ingness to participate in the All India Scheme. They have been requested to furnish the information regarding the names and number of medical colleges and the number of seats allocated to All India Under-graduate and Post-graduate quota. The information is awaited from the State Government. Appropriate action can be teen only after the receipt of the requisite information fromthe Government of Jammu and Kashmir

Control of Population Growth

1917. SHRI MENTAY PADMANA-BHAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the lack of commitment on the part of bureaucracy has come in the way of checking population growth;

(b) what is Government's reaction to the alarming tendencies and rapid growth in population as revealed by the 1991 census;

(c) what are the details of the proposed VAFAH apex body;

(d) whether the body is likely to be dominated by Government; and

(e) what are the safeguards being consi-dered for allowing VAFAH to try new ideas to control population growth?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA-DEVI SIDDHARTHA): (a) No, Sir.

(b) Faced with the grim proppects of the population explosion it is considered necessary to devise innovative strategies for imparting a new thrust and dynamism to the population control efforts in the country. . While the population control programme has to essentially evolve as a multi-sectoral programme, comprising many aspects which go beyond the activities under the family welfare sector an exercise has been initiated during the last 4—5 months to evolve a result-oriented Action Plan in close consultation with the State Governments/UTs Administration. Accordingly, based on the consensus reached in a meeting of Secretaries Tncharge of Family Welfare of States/UTs held at New Delhi on the 29—30th August, 1991, a draft Action Plan has been formulated.

This has been sent to the State Govern-ments/TJTs Administration with the request that they may consider this Action Plan further and suggest improvements, if